STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

RECEIVED

NEW HAM	PSHIRE
DEPARTMENT	OF STATE

I. Name of Lobbyist(s) Daniel Allegretti II. Name of lobbyist's partnership, firm or corporation, if any: N/A			SEP 1 9 2018
			NEW HAMPSHIRI DEPARTMENT OF ST
(Name of partnership	o, firm or corporation)		
111 Market Place	Baltimore	MD	21202
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
₍₆₀₃₎ 224-9653	()	daniel.allegi e-mail	retti@exeloncorp.com
(Telephone)	(Fax)	0 man	74
III. This statement covers: (Choose reportable expense transactions where the contractions occurred to the contraction occurred to the contrac	nich are not attributable to any o	one client).	
Exelon Generation Con			C
	Client as it appears on the Lobbyist R	Registration Form)	
OR All reportable transactions by the unrelated to any particular client.			g firm listed below which are
IV. Date of Report April 25, 20 Reports cover: activity from date of October 31, activity from 7/2	registration to 3/31/18 activity 2018	July 25, 2018	
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301.			
If you have paid an honorarium of Expense Reimbursement	e expenditures, you must file Add or reimbursed expenses, you must	file Addendum B – Re	port of Honorariums or
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist)	14-C and RSA 664 and hereby sv		foregoing information is true
Daniel Allegretti		`	
(Print Name of lobbyist)			